Complete If Known

Publish (vince)

Approved for use through 01/31/3007, AMB 08/300, Approved for use through 01/31/3007, AMB 08/300, AMB 08/300,

Effective on 12/08/2004.

FEE TRANSMITTAL For FY 2006				1.0001.00				
						10/624,279 July 22, 2003		
						Clifton Lind		
Applicant claims small entity status. See 37 CFR 1.27							h An Duc Nguyen	
TOTAL AMOUNT OF PAYN	IENT (S) 250.00		Attorney Docke		714 88.1039		
		, 200.00		Attorney Docke	tivo. 19	00.1039		
METHOD OF PAYMENT	(check a	ll that apply)						
Check Credit Card Money Order None Other (please identify):								
Deposit Account De							ilbertson Group, P.	
For the above-identifi	ed deposit	account, the Director	r is here	by authorized to	: (check al	that apply)		
Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filing fee								
		e(s) or underpayment	s of fee	(s) Credi	any over	avments		
under 37 CFR WARNING: Information on this	form may b	ecome public. Credit o	ard Info			•	rm. Provide credit card	
Information and authorization of	n PTO-203	В.						
FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND FILING			CH FEES	FXAMII	NATION FE	FS	
Application Type		Small Entity		Small Entity		Small Entir		
Utility	300	Foe (\$) 150	Fee (\$) 500	Fee (\$) 250	Fee (\$	1 Fee (\$) 100	rees Paid (3)	
Design	200	100	100		130		***************************************	
Plant	200		300	50 150	160	65 80		
Reissue	300	150	500		600		***************************************	
Provisional	200	100	0	250 0	000	300 0		
2. EXCESS CLAIM FEE		100	U	U	U	U	Small Entity	
Fee Description Fee (\$)								
Each claim over 20 (in						50	25	
Each independent claim over 3 (including Reissues)						200		
Multiple dependent cla Total Claims	aims Extra Clai	ms Fee (\$)		Paid (\$)		360	180 le Dependent Claims	
- 20 or HP =	Extra Ciai	x ree (a)		Paid (3)		Fee (
HP = highest number of total	claims paid t					100 (41 1 10 1 ald 141	
	Extra Clai	ms Fee (\$)	Fee	Paid (\$)				
- 3 or HP = HP = highest number of indep	endent claim	s paid for, if greater the	n 3.					
3. APPLICATION SIZE F	ĒE .							
If the specification and							equence or computer) for each additional 50	
sheets or fraction the						man entry)	1 101 cach additional 30	
Total Sheets	Extra She	ets <u>Numbér</u>	of each	additional 50 o	or fráction		Fee (\$) Fee Paid (\$)	
- 100 =		/ 50 =		(round up to a	wnoie num	Der) X _		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Appeal Brief 250.00								
Â								
Signature G			F	Registration No. , Attorney/Agent)	20.404	Tele	ephone 512.327.8932	
	16	\sim		Attorney/Agent)	52,124			
Name (Print/Type) Russell	'D. Gul	be rtson				Date	 November 28, 200 	

This observe of information in organized by 37 CETR, 1.05. The information is required to obtain or retain a benefit by the public which is to fit (red by the UPPTO) in processing in amplication. Confidentability is governed by 85 U.S.C. 1.22 and 37 CETR, 1.14. This collection is administed to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Then will very depending upon the individual case. Any common the amount of time you require to complete this form andor suggested not enducing this burder, should be sent to be or being information Offices, U.S. Pedant and Trademark Office, U.S. Opperatment of Commerce, P.O. Box 1450, Alexandria, V.A. 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22315-1450.